

MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

-63-005780

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **90**

STATE FILE NUMBER

FILED MAR 8 1963

VS 300
Rev. 4/59

0269

0269

3

4 0

5 0

6

7 0

8 2

9492X

10

11

12-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		c. CITY OR TOWN JEFFERSON CITY, MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS HOSPITAL		d. STREET ADDRESS (If outside, give location) 1501 E Mc Carty	
3. NAME OF DECEASED (Type or print) First ROBERT Middle GRONER Last GRONER		4. DATE OF DEATH Month MARCH Day 2 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/9/37
9. AGE (last birthday) 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	
11. BIRTHPLACE (City and state or country) Jefferson City, Mo. USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Groner		13b. MOTHER'S MAIDEN NAME Lydia Westerman	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 984		17. INFORMANT John Groner J X C Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Pneumonia (virus) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Muscular dystrophy (years) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH weeks
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Muscular dystrophy (years)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from March 1/63 to March 2/63 and last saw him alive on 3-2-63 Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Heather E. Dargatzis M.D.		22b. ADDRESS Jefferson City, Mo.	
22c. DATE SIGNED 3-4-63	23. NAME OF CEMETERY OR CREMATORY Resurrection		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/5/63	23d. LOCATION (City, town, or county) Jefferson City, Mo.	
24. FUNERAL DIRECTOR Sybil D. Delle		25. DATE RECD. BY LOCAL REG. 5 March 1963	
26. REGISTRAR'S SIGNATURE R. P. Darrist		27. REGISTRAR'S SIGNATURE M. Richter	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sylvester Dulle

Licensed Embalmer No.

4321

P. O. Address

Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.